•									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR											_			
/ Effective October 1, 2000									69738987					
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN			
			(Column 1)		(Column 2)			TYPE		OR		SMALL ENTITY		
TOTAL CLAIMS							·	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			// minus 20=		. 0			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			2 minus 3 =		. 0			X40=		OR	X80=			
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	7/0			
CLAIMS AS AMENDED - PART II											OTHER			
	2019	(Column 1)		(Colui			3)	SMAL	LENTITY	OR	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		'RATE	ADDI- TIONAL _FEE		
MON	Total	. //	Minus	**		=		X\$ 9=		OR	X\$18=			
AME	Independent	. 2	Minus	***		<u> </u>		X40=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=			
								TOT/ ADDIT, FE		OR	TOTAL			
	(Column 1) (Column 2) (Column 3)								: E		ADDIT. FEE			
	CLAIMS		HIG		HEST		٦ ۱		ADDI-	1	1	ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	ABER OUSLY FOR	PRESENT EXTRA		RATE			RATE	TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	•	Minus	***		=	4	X40=		OR	X80=			
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=			
								TOTA ADDIT. FE		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)														
1	CLAIMS REMAINING			HIGH NUM		PRESENT	٦ -	Γ	ADDI-	7		ADDI-		
AMENDMENT C		AFTER AMENDMENT		PREV	OUSLY	EXTRA		RATE			RATE	TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	;		
	Independent	·	Minus	•••		=	4	X40=		OR	X80=			
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIM		L		 	1		<u> </u>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+2/U=	<u> </u>		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE			
	The "Highest Nur	nber Previously Pa	id For" (Total o	r indepen	dent) is th	e highest numi	ber fo	rund in the	appropriate b	ox in c	olumn 1.			